

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)		<b>2 Total pages filed:</b>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<div style="display: flex; justify-content: space-between;"> <div> MS / MRS / MR  <b>Michael</b>  <small>NICKNAME</small> </div> <div> FIRST  <b>Glaspié</b>  <small>LAST</small> </div> <div> MI  <b>D</b>  <small>SUFFIX</small> </div> </div>			<b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: center;"> RECEIVED - CSD  17 JAN 17 PM 6:25 </div>	
	<div style="display: flex; justify-content: space-between;"> <div> ADDRESS / PO BOX;  <b>2111 Vista Ridge Ct.</b> </div> <div> APT / SUITE #;  </div> <div> CITY;  <b>Arlington, TX</b> </div> <div> STATE;  </div> <div> ZIP CODE  <b>76013</b> </div> </div>				
<input type="checkbox"/> Change of Address					
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<div style="display: flex; justify-content: space-between;"> <div> AREA CODE  <b>(817)</b> </div> <div> PHONE NUMBER  <b>654-2925</b> </div> <div> EXTENSION  </div> </div>			Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	<div style="display: flex; justify-content: space-between;"> <div> MS / MRS / MR  <b>Billie</b>  <small>NICKNAME</small> </div> <div> FIRST  <b>Farrar</b>  <small>LAST</small> </div> <div> MI    <small>SUFFIX</small> </div> </div>			Receipt #	
				Amount \$	
				Date Processed	
			Date Imaged		
<b>7 CAMPAIGN TREASURER ADDRESS</b>  <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> <div> STREET ADDRESS (NO PO BOX PLEASE);  <b>600 West Park Row</b> </div> <div> APT / SUITE #;  </div> <div> CITY;  <b>Arlington, TX</b> </div> <div> STATE;  </div> <div> ZIP CODE  <b>76010</b> </div> </div>				
<b>8 CAMPAIGN TREASURER PHONE</b>	<div style="display: flex; justify-content: space-between;"> <div> AREA CODE  <b>(817)</b> </div> <div> PHONE NUMBER  <b>277-4411</b> </div> <div> EXTENSION  </div> </div>				
<b>9 REPORT TYPE</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> January 15                 </div> <div style="width: 50%;"> <input type="checkbox"/> 30th day before election                 </div> <div style="width: 50%;"> <input type="checkbox"/> Runoff                 </div> <div style="width: 50%;"> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)                 </div> <div style="width: 50%;"> <input type="checkbox"/> July 15                 </div> <div style="width: 50%;"> <input type="checkbox"/> 8th day before election                 </div> <div style="width: 50%;"> <input type="checkbox"/> Exceeded \$500 limit                 </div> <div style="width: 50%;"> <input type="checkbox"/> Final Report (Attach C/OH - FR)                 </div> </div>				
<b>10 PERIOD COVERED</b>	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year  <b>7 / 15 / 16</b> </div> <div> THROUGH                 </div> <div> Month Day Year  <b>1 / 15 / 17</b> </div> </div>				
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>5 / 9 / 15</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Arlington City Council District 8</b>		<b>13 OFFICE SOUGHT</b> (if known)		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Michael Glaspie, Sr. 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ —
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 500
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

## 18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael Glaspie, Sr.  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Glaspie, Sr. this the 17<sup>th</sup> day of January, 20 17, to certify which, witness my hand and seal of office.

Mary Sulino  
Signature of officer administering oath

MARY SULINO  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1000 <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Michael Glaspi, Sr

3 Filer ID (Ethics Commission Filers)

4 Date

12/16/16

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tx Assoc. of Realtors PAC

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

P.O. Box 2246 Austin, TX 78768

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.